

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/518,813-Conf. #3627
		Filing Date	May 8, 2006
		First Named Inventor	Paul M. Carter
		Art Unit	3766
		Examiner Name	Roland Dinga
Total Number of Pages in This Submission	11	Attorney Docket Number	22409-00288-US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	CONNOLLY BOVE LODGE & HUTZ LLP		
Signature	/Michael G. Verga/		
Printed name	Michael G. Verga		
Date	March 23, 2009	Reg. No.	39,410

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<p><i>Effective on 12/08/2004.</i></p> <p><i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p>FEE TRANSMITTAL</p> <p>For FY 2009</p>		<p>Complete if Known</p>	
		Application Number	10/518,813-Conf. #3627
		Filing Date	May 8, 2006
		First Named Inventor	Paul Carter
		Examiner Name	R. Dinga
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3766
TOTAL AMOUNT OF PAYMENT		(<u>\$</u>)	0.00
		Attorney Docket No.	
		22409-00288-US	

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Fee (\$)</u>	<u>Fee (\$)</u>
52	26
220	110
390	195

Total Claims	Extra Claims	Fee (\$)		Fee Paid (\$)
25	- 25 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims

Indep. Claims Extra Claims Fee (\$)

3 - 3 or HP = x =

HP = highest number of independent claims paid for, if greater than 3

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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
 $\underline{\hspace{2cm}} - 100 = \underline{\hspace{2cm}} /50 = \underline{\hspace{2cm}}$ (round up to a whole number) x $\underline{\hspace{2cm}} = \underline{\hspace{2cm}}$

4. OTHER FEE(S) Fees Paid (\$)

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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

4. OTHER FEE(S) **Fees Paid (\$)**
Non-English Specification, \$130 fee (no small entity discount)

SUBMITTED BY				
Signature	/Michael G. Verga/	Registration No. (Attorney/Agent)	39,410	Telephone (202) 331-7111
Name (Print/Type)	Michael G. Verga		Date	March 23, 2009